

**ProviderAccess**

[www.bcbsal.com](http://www.bcbsal.com)

**User Manual**  
for  
**Professional  
Providers**

**WebClaims**  
and  
**Audit Trail Retrieval**



**BlueCrossBlueShield  
Of Alabama**

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## **CONTACT NAMES AND NUMBERS**

1. For **connectivity** or **communication** problems, call all or e-mail the **Corporate Support Center** at 205-220-6134 (6:00 a.m. – 5:30 p.m. CST) [SupportCenter@bcbsal.org](mailto:SupportCenter@bcbsal.org)
2. For other questions or problems,
  - Check **System Status** on the '**Hot Topics**' page under the '**Providers**' section of the Blue Cross and Blue Shield of Alabama web page at <http://www.bcbsal.com>.
  - Contact your Network Data Operations Representative at **205-220-2533**.

## **HARDWARE REQUIREMENTS**

- *Minimum Browser Requirements*  
Netscape or Internet Explorer 4.0 or higher
- *Minimum Hardware Requirements (for best results)*  
Screen resolution: 640 x 480  
Internet connection with at least 28,800 bps

## **HELPFUL HINTS**

1. If you leave the PC for a long period of time, the application will “time out”. You will need to close and restart your browser **or** if you have previously “bookmarked” your Provider Access Sign In page, you may use your “Favorites” or “Bookmark” to access the Sign In page directly. If you were keying a claim, any information not previously saved will be lost.
2. Use the “Tab” key (not the “Enter” key) when navigating through a screen, however, don’t forget to select the “Continue” button to save your data prior to leaving the screen.
3. Be patient when selecting link and navigation buttons. Do **not** double click or click a link several times. When entering WebClaims, you must *always* use the “Continue” and “Finish” buttons to save your data, prior to leaving the screen.
4. To select a field using a mouse:
  - Move the mouse pointer to the information to be selected
  - Depress or “click” the left mouse button once
  - The item is selected if the information you choose is highlighted by color/shading.
5. To select a field without using a mouse:
  - Use the “Tab” key to move the cursor to the item you would like to select
  - The item is selected if the information you choose is highlighted by color/shading.
6. To select a button, choose one of the following:
  - Move the mouse pointer to the button and depress the left mouse button once **or**
  - Press the “Tab” key until a dotted line appears around the word and then press the “Enter” button

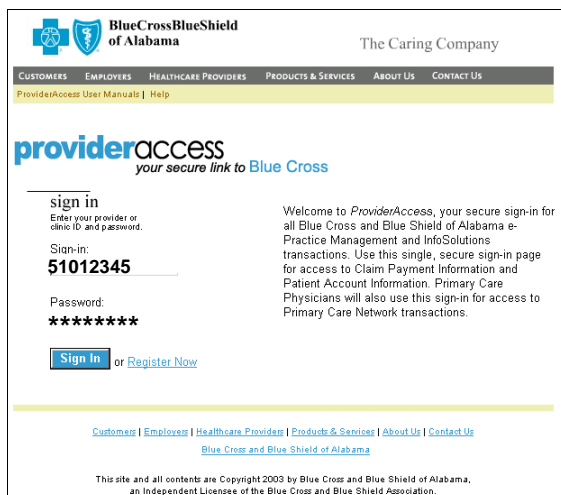
# Easy Steps to Provider Access

[www.bcbsal.com](http://www.bcbsal.com)

- 1 Click “Healthcare Providers” on the Blue Cross and Blue Shield of Alabama home page.

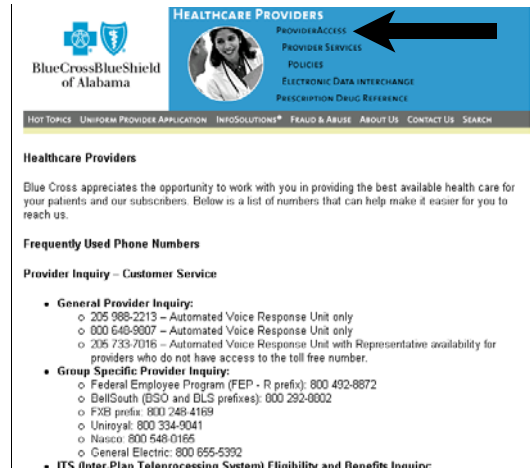


- 3 Enter your Sign-In and Password then click the “Submit” button.

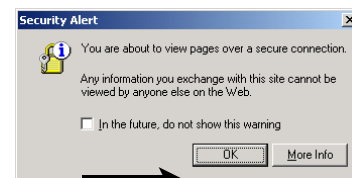


**TIP:** You may bypass steps 1 and 2 by adding the above page to your list of favorites. Based on the browser you are using, select “Bookmark” or “Favorites” and select the add feature. This will allow you to access the ProviderAccess Sign In page directly.

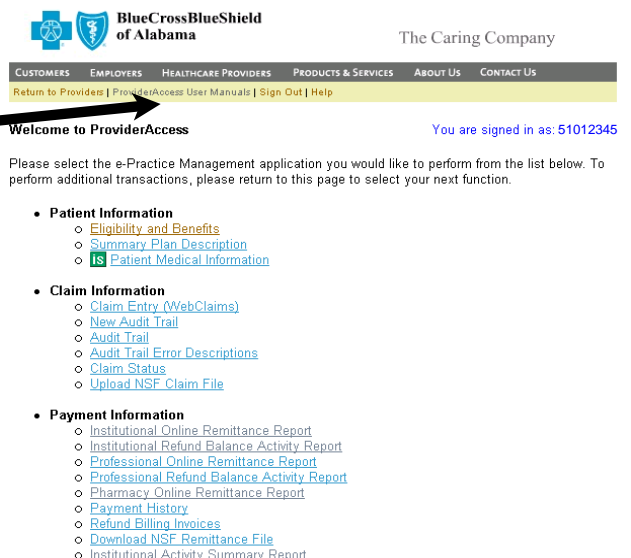
- 2 Click the “ProviderAccess” link.



- 4 Click on the “Ok” button to continue.



- 5 Select the desired ProviderAccess application by clicking the associated link.



User manuals are also available from this page.

# Claims Entry

## WELCOME TO PROVIDER ACCESS

From the Provider Access main page, use your mouse and click the [Claim Entry \(WebClaims\)](#) link to enter the WebClaims Application.



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[Return to Providers](#) | [ProviderAccess User Manuals](#) | [Sign Out](#) | [Help](#)

**Welcome to ProviderAccess**

You are signed in as: 51012345

Please select the e-Practice Management application you would like to perform from the list below. To perform additional transactions, please return to this page to select your next function.


- **Patient Information**
  - [Eligibility and Benefits](#)
  - [Summary Plan Description](#)
  - [is Patient Medical Information](#)
- **Claim Information**
  - [Claim Entry \(WebClaims\)](#)
  - [New Audit Trail](#)
  - [Audit Trail](#)
  - [Audit Trail Error Descriptions](#)
  - [Claim Status](#)
  - [Upload NSF Claim File](#)
- **Payment Information**
  - [Institutional Online Remittance Report](#)
  - [Institutional Refund Balance Activity Report](#)
  - [Professional Online Remittance Report](#)
  - [Professional Refund Balance Activity Report](#)
  - [Pharmacy Online Remittance Report](#)
  - [Payment History](#)
  - [Refund Billing Invoices](#)
  - [Download NSF Remittance File](#)
  - [Institutional Activity Summary Report](#)
- **Fee Schedules**
  - [PMD Fee Schedule](#)
  - [Chiropractor Fee Schedule](#)
  - [DME Fee Schedule](#)
  - [Home Health Fee Schedule](#)
  - [Hospice Fee Schedule](#)
  - [Preferred CAT Fee Schedule](#)
  - [Preferred MRI Fee Schedule](#)
  - [Preferred OT and HT Fee Schedule](#)
  - [Preferred PET Fee Schedule](#)
  - [Preferred PT Fee Schedule](#)
  - [Fee Schedule \(Individual Code\)](#)
- **Guidelines and Policies**
  - [Fragmented Coding Edits](#)
  - [Medical Policies](#)
  - [CURP Medical Necessity Guidelines](#)
- **Primary Care Network (PCN)**
  - [Covering Physicians](#)
  - [PCN Cost Profile](#)
  - [Review Referral](#)
  - [Submit Referral](#)
  - [Unique Provider Identification Number \(UPIN\) Reference](#)

## PROVIDER/BILLING INFORMATION

1) The 3 digit Plan Code (i.e. 510, 515, etc.) will automatically be populated based upon your login through Provider Access.

2) The 5 digit Provider Number will automatically be populated based upon your login to Provider Access.



3) Key in the Billing ID and press the “**Enter**” key or click the “**Submit**” button.



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**Provider/Billing Identification**

Plan Code:	510	1
Provider Number:	12345	2
Please Enter Billing ID:	web1xxxx	3

[ProviderAccess](#) [Home](#) [Sign-out](#)


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or call (205) 220-6134.

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Verify that the provider information on this page is accurate. If the information is correct press the “**Enter**” key or click the “**Continue**” button.

If the information is not correct, select the [Back to Login Page](#) link and re-key your information. If information is still incorrect, contact your Network Data Operations Representative for assistance.

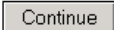
*If you need to make changes to the data associated with your provider number, a [Provider Change Notification](#) form can be obtained by selecting the [Provider Services](#) link then by selecting [Forms](#) and then the second option under [Enrollment](#).*



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**Provider/Billing Information**

<b>Provider Information</b> Name: John J Smith MD Address: 100 Smith Street Suite 100 City: Birmingham State: AL Zip: 35244 Provider Number: 51012345 Provider AlphaKey: SMI Provider Office Telephone: 205.555.5555	<b>Billing Information</b> Name: Physician Clinic, Inc., P.C. Address: 100 Smith Street Suite 100 City: Birmingham State: AL Zip: 35244
25. Federal Tax ID Number: 123456789	



[Provider/Billing ID](#) [ProviderAccess](#) [Home](#) [Sign-out](#)


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## BATCH SUBMISSION MAINTENANCE

(Batch List - A listing of pending and submitted batches)

Click the “**Add New Batch**” button to create a new batch of claims.



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Batch Submission Maintenance

Professional/Dental/Home Health  
Provider Key: 051012345  
Provider Name John Smith

**Add New Batch**

Date Created	Batch Type	Created By	Claims Count	Total Amount Submitted	Submission Status
01/03/2003	Professional	EthanTest	2	1,138.35	Submitted
01/03/2003	Dental	EthanTest	1	564.23	Submitted
01/07/2003	Home Health	Test	3	234.56	Pending
01/08/2003	Professional	Scott's Test	2	261.45	Pending
01/10/2003	Professional	DM Test	7	1,400.00	Pending
01/17/2003	Professional	01172002	1	10.00	Submitted
03/26/2003	Dental	dental batch test	5	0.00	Pending
07/02/2003	Professional	HIPAA TEST FILE	7	920.81	Submitted
07/02/2003	Home Health	HIPAA TEST FILE	3	520.00	Submitted
07/29/2003	Professional	Test	1	0.00	Pending
08/04/2003	Professional	tester	12	0.00	Pending
09/11/2003	Professional	09112003	3	0.00	Pending

Select the type of batch you would like to create -  
**Professional, Dental or Home Health.**

Enter a name to help identify your batch.



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**Add New Batch**

[Batch List](#)

Select the type of batch you would like to create: **PROFESSIONAL**

Please enter a name to help identify this batch: **Jane's Daily Batch**

**Create**

After selecting the batch type and entering a batch name, press the “**Enter**” key or click the “**Create**” button. This will create the new batch.

[Provider/Billing ID](#) [ProviderAccess](#) [Home](#) [Sign-out](#)

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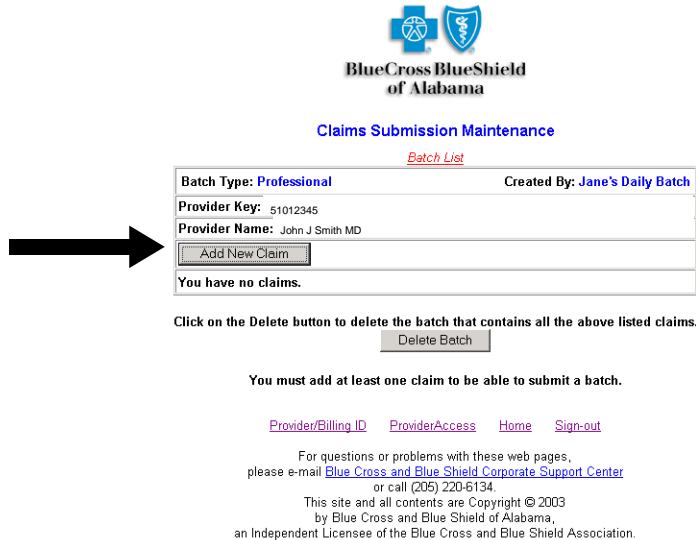
### **IMPORTANT NOTE:**

*Dental Providers should refer specifically to the **Dental WebClaims Manual**.*

## CLAIMS SUBMISSION MAINTENANCE

(Claims List - A list of all claims in the selected batch)

Click the “**Add New Claim**” button to add a new claim to the current batch.



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Claims Submission Maintenance

[Batch List](#)

Batch Type: **Professional** Created By: **Jane's Daily Batch**

Provider Key: 51012345

Provider Name: John J Smith MD

You have no claims.

Click on the Delete button to delete the batch that contains all the above listed claims.

You must add at least one claim to be able to submit a batch.

[Provider/Billing ID](#) [ProviderAccess](#) [Home](#) [Sign-out](#)

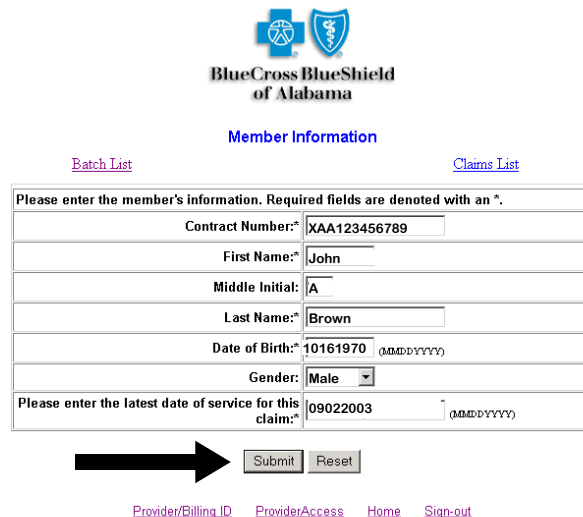
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To continue adding a new claim enter the Contract Number of the insured, First Name, Middle Initial, Last Name, Date of Birth, Gender, and a Date of Service for the claim. Then click the “**Submit**” button.

Please note that the required fields are denoted with an \* (asterisk). Required fields are: Contract Number, First Name, Last Name, Date of Birth, and Date of Service.

**NOTE:** If multiple dates of service are used, enter the last date (most recent) of the date range.



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Member Information

[Batch List](#) [Claims List](#)

Please enter the member's information. Required fields are denoted with an \*.

Contract Number:\* XAA123456789

First Name:\* John

Middle Initial: A

Last Name:\* Brown

Date of Birth:\* 10161970 (MMDDYYYY)

Gender: Male

Please enter the latest date of service for this claim:\* 09022003 (MMDDYYYY)

[Provider/Billing ID](#) [ProviderAccess](#) [Home](#) [Sign-out](#)


For questions or problems with these web pages,

## PRIMARY INSURANCE INFORMATION

This section contains the patient's primary insurance information. The field number in parentheses corresponds to the box number on the HCFA-1500 CL-4 form. Some information on this screen may be populated automatically based on the contract number keyed and member selected when adding the claim. Read each field carefully and make any necessary changes.

Any information we have on file will be populated automatically in the appropriate fields. Review this information and make any necessary changes. Click the **“Continue”** button to save your information and advance to the next step.

The **“Reset Form”** button will return all data fields back to the original values.



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Primary Insurance Information

[Batch List](#) [Claims List](#)

Provider : 51012345 Patient : John A Brown  
Contract Number : XAA123456789 Service Date : 09/02/2003

[Primary Insurance Info](#) [Secondary Insurance Info](#) [Patient Info](#) [Service Info](#) [Line Item Info](#)

Dates must be in mmddyyyy format.

4. Insured's Name  
Last: BROWN First: JOHN Middle: A

7. Insured's Address  
Street: 100 MAIN STREET City: ANYTOWN  
State: ALABAMA Zip: 35244

11. Insured's Policy Group or FECA Number: 12345

**NOTE:** If the **“Continue”** button does not advance you to the next step, check the page for any errors marked with a **RED Question mark**.

Place your mouse pointer over the question mark (s) for error details.

After errors have been corrected, click the **“Continue”** button again to advance to the next step.


## SECONDARY INSURANCE INFORMATION

This section contains the patient's secondary insurance information. The field number corresponds to the box number on the HCFA-1500 CL-4 form. Some information on this screen may be populated automatically based on the contract number keyed and member selected when adding the claim. Read each field carefully and make any necessary changes.

If you answered **“Other Insurance”** to question 11.d - **“Is there an additional insurance plan?”** on the Primary Insurance Information Screen, you will be forwarded to the Secondary Insurance Screen. Otherwise, you will be forwarded to the Patient Information Screen as in the next section below.

Fill in the appropriate information on the Secondary Insurance Screen and, click the **“Continue”** button to save your information and advance to the next step.

The **“Reset Form”** button will return all data fields back to the original values.



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Secondary Insurance Information

[Batch List](#) [Claims List](#)

Provider : 51012345 Patient : John A Brown  
Contract Number : XAA123456789 Service Date : 09/02/2003

[Primary Insurance Info](#) [Secondary Insurance Info](#) [Patient Info](#) [Service Info](#) [Line Item Info](#)

Dates must be in mmddyyyy format.

9. Other Insured's Name  
Last: First: Middle:

Insured's Address  
Street: City:  
State: ALABAMA Zip:

**NOTE:** Electronic Secondary Claim Submission is not available at this time.




## **PATIENT INFORMATION**

This section contains the patient's demographic information. The field number corresponds to the box number on the HCFA-1500 CL-4 form. Some information on this screen may be populated automatically based on the contract number keyed and member selected when adding the claim. Read each field carefully and make any necessary changes.

Review the patient information to make sure all questions are answered and pre-populated fields are accurate. Click the **“Continue”** button to save your information and advance to the next step.

The **“Reset Form”** button will return all data fields back to the original values.



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**Patient Information**

[Batch List](#) [Claims List](#)

Provider : 51012345 Patient : John A Brown  
Contract Number : XAA123456789 Service Date : 09/02/2003

[Primary Insurance Info](#) [Secondary Insurance Info](#) [Patient Info](#) [Service Info](#) [Line Item Info](#)

Dates must be in mmddyyyy format.


2. Patient's Last Name	Patient's First Name	Patient's Middle Initial
BROWN	JOHN	A
5. Patient's Street Address	Patient's City	Patient's State
100 MAIN STREET	BIRMINGHAM	ALABAMA
Patient's Zip	Patient ID Code	Patient's Sex
35244	XAA123456789	MALE
3. Patient's Date of Birth	26. Patient's Account Number	
10161970	987654321	

## **SERVICE INFORMATION**

This section contains the information related to the medical services rendered to the patient by the provider. The field number corresponds to the box number on the HCFA-1500 CL-4 form.

Review this screen and answer any questions that are valid for this claim. Once completed, click the **“Continue”** button to save your information and advance to the next step.

The **“Reset Form”** button will return all data fields back to the original values.



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**Service Information**

[Batch List](#) [Claims List](#)

Provider : 51012345 Patient : John A Brown  
Contract Number : XAA123456789 Service Date : 09/02/2003

[Primary Insurance Info](#) [Secondary Insurance Info](#) [Patient Info](#) [Service Info](#) [Line Item Info](#)

Dates must be in mmddyyyy format.

10a. Is Patient's condition employment related	No	14. Date of Current Illness, Injury or Pregnancy	
15. If Patient has had same or similar illness give first date		17. Last Name of Referring Physician or Other Source	
16. Dates Patient unable to work in current occupation		17a. UPIN of Referring Physician	
From			

## PROCEDURE INFORMATION (Line Item Information)


*This section contains the information related to the medical services rendered to the patient by the provider. The field number corresponds to the box number on the HCFA-1500 CL-4 form.*

You may key up to 10 line items on this screen. After completion, click the **“Finish Claim”** button. If there are no errors, the claim will be accepted and you will be forwarded to the Claims Maintenance Submission (Claims List).

If you have more than 10 line items, you must add a new claim to enter the additional line items.

**NOTE:** The “Total Charges” field at the bottom of this page will stay at \$0.00 as each line item is entered. You will see a claim total amount on the next page after clicking **“Finish Claim.”**

*The “Reset Form” button will clear all line item data you have entered.*



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**Line Item Information**

[Batch List](#)

[Claims List](#)

**Provider :** 51012345

**Contract Number :** XAA123456789

**Patient :** JOHN BROWN

**Service Date :** 09/02/2003

[Primary Insurance Info](#)

[Secondary Insurance Info](#)

[Patient Info](#)

[Service Info](#)

[Line Item Info](#)

**Diagnosis Code1**   **Diagnosis Code2**   **Diagnosis Code3**   **Diagnosis Code4**   ←

382.9                      461.0

**Diagnosis Code5**   **Diagnosis Code6**   **Diagnosis Code7**   **Diagnosis Code8**

Finish Claim
Reset Form

Dates must be in mmddyyyy format.  
To ensure correct processing, all line item charges require a decimal point. For example, 5.00 (five dollars) 50.00 (fifty dollars) or 500.00 (five hundred dollars).

24 A	B	C	D	E	F	G	J
Dates of Service From, To	<a href="#">Facility Type Code</a>	<a href="#">IQS</a>	Procedures, Services or Supplies CPT/HCPCS; Modifiers	Diagnosis Code Pointer	Emergency Indicator	Charges	COB Payments
09022003 09022003	11	6	99203	1 2	No	170.25	1

Select the appropriate code from the drop down box.

Valid values for column E are **diagnosis code pointers 1, 2, 3, or 4** associated with the diagnosis codes above that were entered on the previous page.

# Claims Submission

## CLAIMS SUBMISSION MAINTENANCE

(**Claims List** - A listing of all claims in the selected batch)

The claim you just entered should now appear in the claims list along with the total claim amount.

You may now choose “**Add New Claim**” to enter additional claims.  
**Repeat steps starting on Page 7.**

OR

Once you have keyed all claims for your batch, select the “**Submit Batch**” button to submit your claims.

After submitting the batch, you will be returned to the Batch Submission Maintenance (Batch List) page.

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Claims Submission Maintenance

[Batch List](#)

Batch Type: Professional Created By: Jane's Daily Batch

Provider Key: 51012345

Provider Name: John J Smith MD

[Add New Claim](#)

Contract Number	Date of Service	Patient Acct No.	Patient Name	Claim Amount
XAA123456789	2003-09-02	987654321	BROWN JOHN	155.00

Click on the Delete button to delete the batch that contains all the above listed claims.

[Delete Batch](#)

Click the submit button to send the batch for processing by BCBSAL.

[Submit Batch](#)

[Provider/Billing ID](#) [ProviderAccess](#) [Home](#) [Sign-out](#)

For questions or problems with these web pages.

## BATCH SUBMISSION MAINTENANCE

(**Batch List** - A listing of pending and submitted batches)

After the batch is received by Blue Cross, the status will change from **Pending** to **Submitted**.

**IMPORTANT:** Once your batch has been submitted, refer to **Page 12** for instructions on retrieving **Audit Reports**.

**REMEMBER:**  
Batches labeled “**Pending**” have not yet been received by Blue Cross for processing.

BlueCross BlueShield of Alabama

Batch Submission Maintenance

Professional/Dental/Home Health

Provider Key: 51012345

Provider Name: John J Smith MD

[Add New Batch](#)

Date Created	Batch Type	Created By	Claims Count	Total Amount Submitted	Submission Status
01/03/2003	Professional	EthanTest	2	1,138.35	Submitted
01/03/2003	Dental	EthanTest	1	564.23	Submitted
01/07/2003	Home Health	Test	3	234.56	Pending
01/08/2003	Professional	Scott's Test	2	261.45	Pending
01/10/2003	Professional	DM Test	7	1,400.00	Pending
01/17/2003	Professional	01172002	1	10.00	Submitted
03/26/2003	Dental	dental.batch.test	5	0.00	Pending
07/02/2003	Professional	HIPAA TEST FILE	7	920.81	Submitted
07/02/2003	Home Health	HIPAA TEST FILE	3	520.00	Submitted
07/29/2003	Professional	Test	1	0.00	Pending
08/04/2003	Professional	tester	12	0.00	Pending

## Audit Report Retrieval

An audit report is generated by Blue Cross that confirms the receipt of your electronic claims. This report specifies whether the submitted claims were accepted for processing or rejected due to an error.

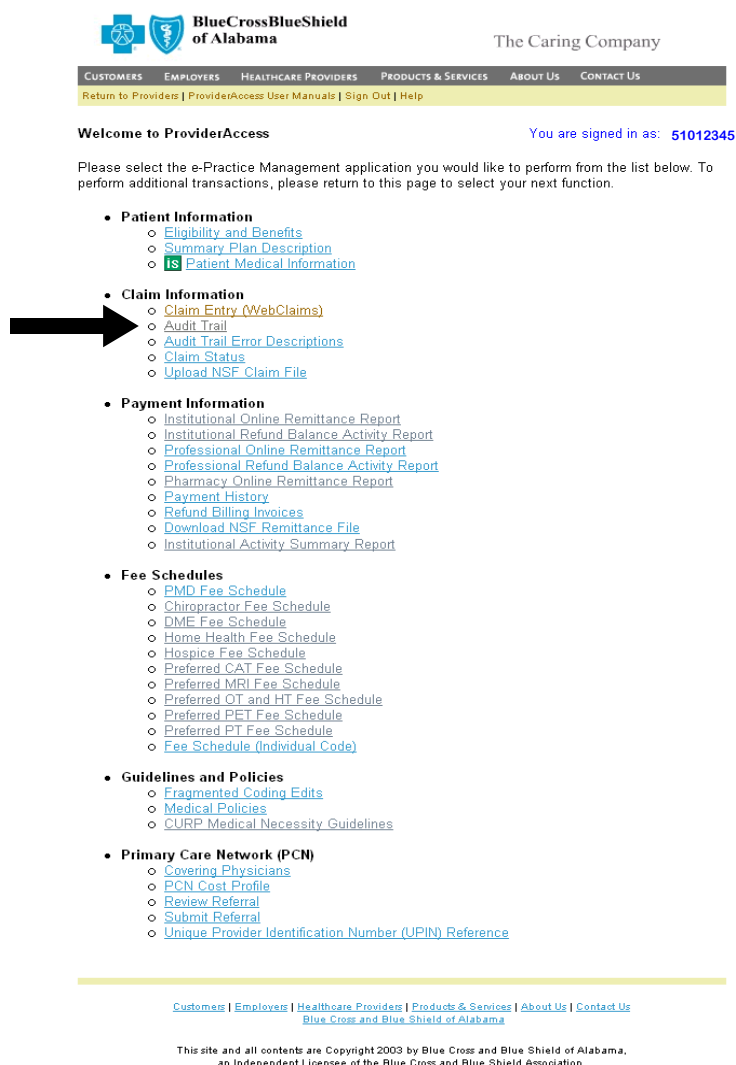
Normally, if we receive your claims before approximately 3:30 p.m., an audit report will be available the following business day. If we receive your claims after approximately 3:30 p.m., your audit report should be available after two business days. Occasionally, audit reports may be delayed an additional day.

**IMPORTANT NOTE:** *Audit reports are now available electronically for 60 business days. An audit report should be retrieved for every date of claims submission.*

From the Provider Access page, use your mouse and click on the Audit Trail link.

**TIP:** *If you are already logged into any other section of Provider Access, select the ProviderAccess link at the bottom of your current page to be taken to this screen.*

*Otherwise, refer to Page 3 - Easy Steps to ProviderAccess for instructions on how to reach this page.*



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Welcome to ProviderAccess You are signed in as: 51012345

Please select the e-Practice Management application you would like to perform from the list below. To perform additional transactions, please return to this page to select your next function.

- Patient Information
  - [Eligibility and Benefits](#)
  - [Summary Plan Description](#)
  - [Patient Medical Information](#)
- Claim Information
  - [Claim Entry \(WebClaims\)](#)
  - [Audit Trail](#)
  - [Audit Trail Error Descriptions](#)
  - [Claim Status](#)
  - [Upload NSF Claim File](#)
- Payment Information
  - [Institutional Online Remittance Report](#)
  - [Institutional Refund Balance Activity Report](#)
  - [Professional Online Remittance Report](#)
  - [Professional Refund Balance Activity Report](#)
  - [Pharmacy Online Remittance Report](#)
  - [Payment History](#)
  - [Refund Billing Invoices](#)
  - [Download NSF Remittance File](#)
  - [Institutional Activity Summary Report](#)
- Fee Schedules
  - [PMD Fee Schedule](#)
  - [Chiropractor Fee Schedule](#)
  - [DME Fee Schedule](#)
  - [Home Health Fee Schedule](#)
  - [Hospice Fee Schedule](#)
  - [Preferred CAT Fee Schedule](#)
  - [Preferred MRI Fee Schedule](#)
  - [Preferred OT and HT Fee Schedule](#)
  - [Preferred PET Fee Schedule](#)
  - [Preferred PT Fee Schedule](#)
  - [Fee Schedule \(Individual Code\)](#)
- Guidelines and Policies
  - [Fragmented Coding Edits](#)
  - [Medical Policies](#)
  - [CURP Medical Necessity Guidelines](#)
- Primary Care Network (PCN)
  - [Covering Physicians](#)
  - [PCN Cost Profile](#)
  - [Review Referral](#)
  - [Submit Referral](#)
  - [Unique Provider Identification Number \(UPIN\) Reference](#)

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If the batch was submitted prior to 10/01/2003 then select the option for ***Non-HIPAA Submissions***.

To view Audit Reports enter your Submitter ID (which is also referred to as Client ID or Billing ID).

Click Submit to continue.



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Provider Access

### Audit Report Applications

[HIPAA Submissions - including WebClaims submitted on our after 10/1/2003](#)

[Non-HIPAA Submissions- including WebClaims submitted prior to 10/1/2003](#)

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Enter Submitter ID Number

Please enter a Submitter ID to view Audit Reports. Click **Submit** when finished.

Submitter ID:




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To view all audit reports for this Submitter ID, select ALL.

To view an audit report for an individual provider, select the desired provider number.

Click **Submit** when finished.



Blue Cross Blue Shield

of Alabama

The Caring Company

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[ProviderAccess Menu](#) | [Sign Out](#) | [Help](#)

### Select Provider Number

To view all audit reports for this Submitter ID, select **ALL**. To view an audit report for an individual provider, select the desired provider number. Click **Submit** when finished.

Provider Number:

ALL

51099999

510xxxxx

510xxxxx

510xxxxx

510xxxxx

510xxxxx

510xxxxx

510xxxxx

510xxxxx

510xxxxx

510xxxxx

510xxxxx

510xxxxx

510xxxxx

Submit

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Click on the drop down list and select a date for the Audit Report.

Then click “**Submit**” to view this report on the screen. You will also be able to print this report.

Click on the Get Acrobat Reader icon to download Adobe Acrobat.

*Audit reports are currently only available for 9 days prior to the HIPAA update, but after the update then the audit reports will be available for 60 days.*

**NOTE:** It is necessary to have the Adobe® Acrobat® Reader™ software installed on your computer in order to view/print the audit trail reports.

If you have trouble viewing the report or do not already have the software installed on your computer, download the free version of the Adobe® Acrobat® Reader™ software. Clicking the download link will open up a browser window taking you directly to the download page. Follow the download instructions and install the software. Once installed, return to the Online Audit Trail Retrieval Page and repeat steps above.

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Select Date

This application allows you to view your Audit Report for specific dates. Choose a **Date** and then click **Submit**.

Submitter ID: web1xxxx

Provider Number: ALL [Select Different Provider](#)

Date: July 16, 2003

Audit Report Format: July 16, 2003 HTML

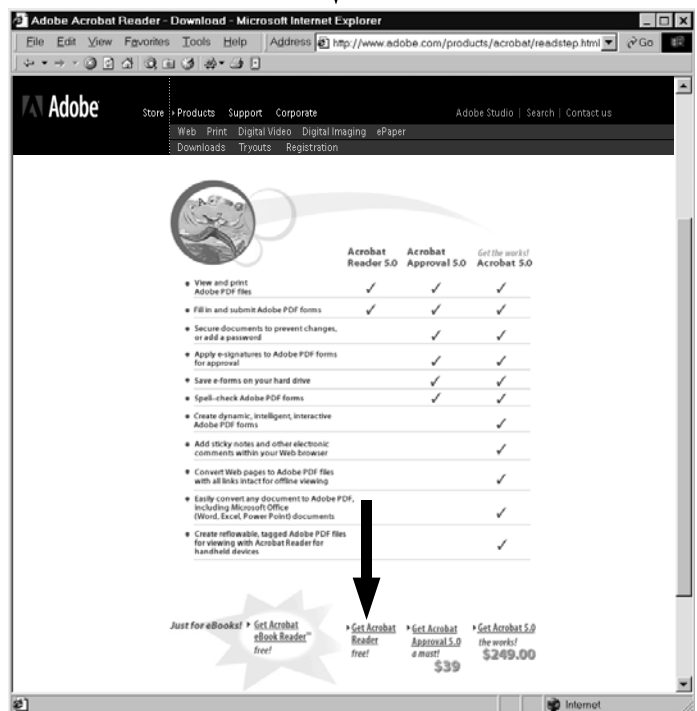
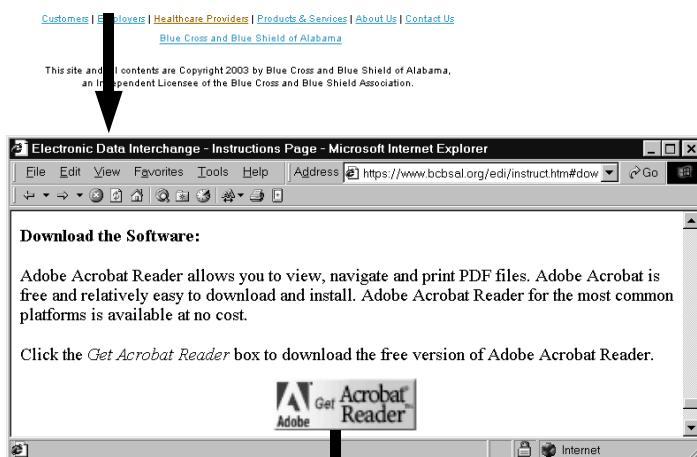
Submit Reset

To view the Audit Report as a Portable Document Format (PDF) file, you will need Adobe® Acrobat® Reader™, free software that lets you view and print PDF files. If you do not already have this software installed on your computer, you may install it by selecting the Adobe **Get Acrobat Reader** box below.



To view the Audit Report as **HTML**, no additional software is required.

**Note that when printing your audit reports the PDF format should be utilized. Printing in HTML format is not recommended.**

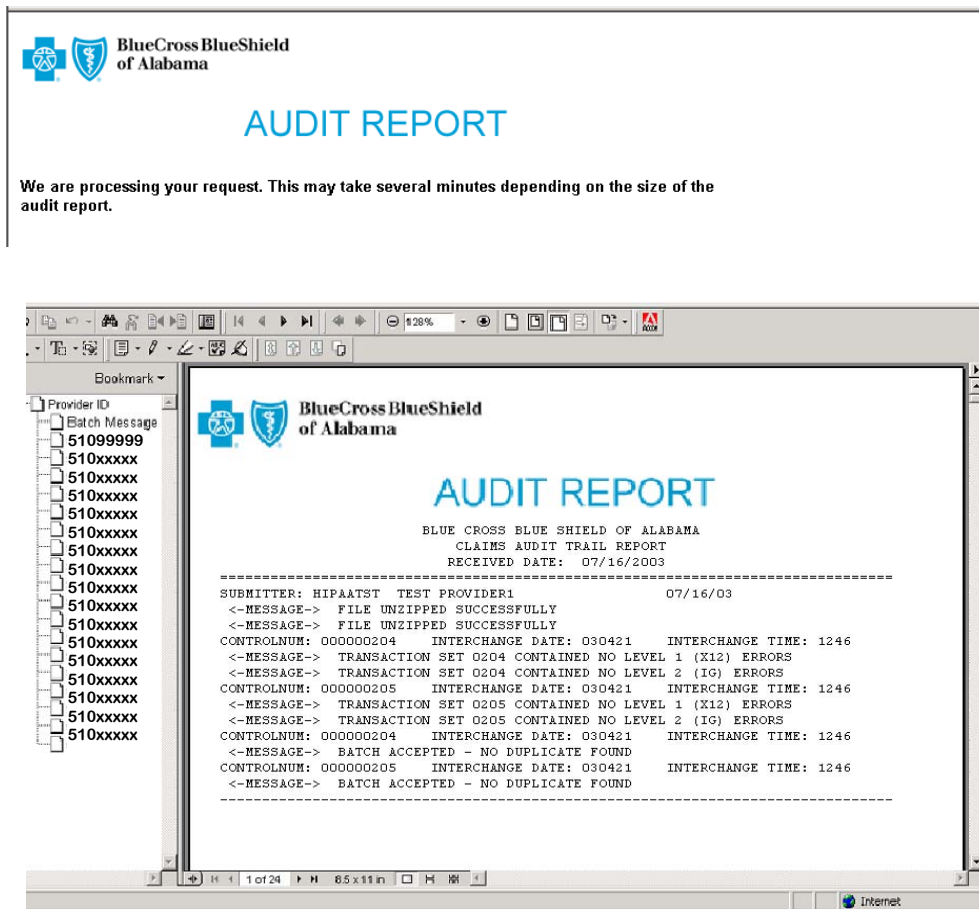


Once you have selected Submit, then the next screen will show that it is processing your request.

The Batch Message shows that the file was received.

If a provider and date are selected and a batch message does not appear, then claims or a file were not received on that particular date.

Cut-off time for submission of claims is 3:30 PM CST, and if received after that time the file will be processed the next business day.

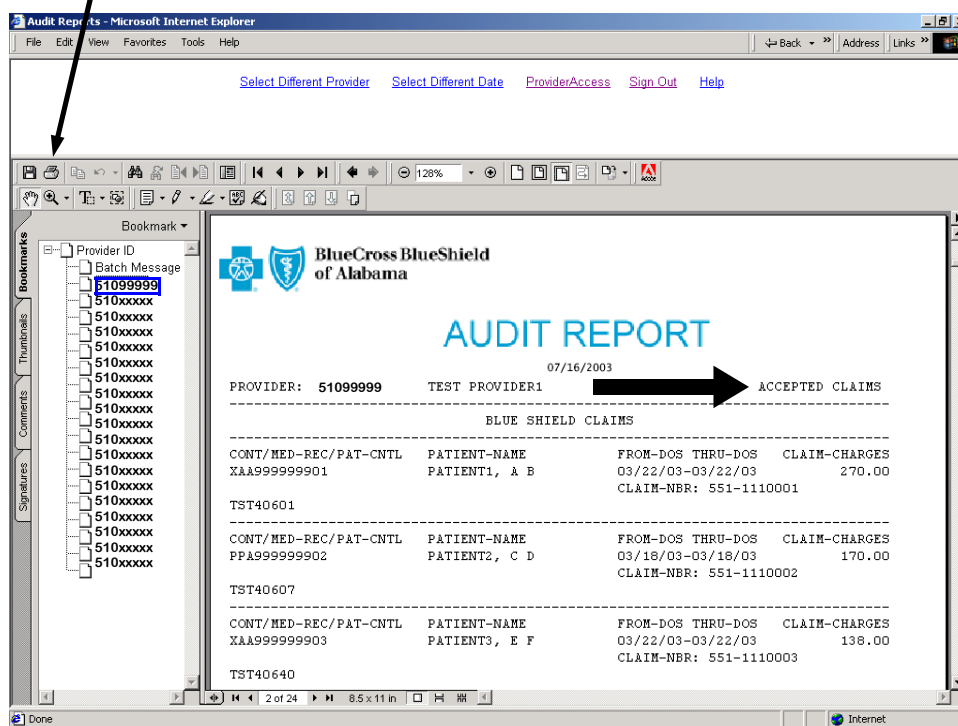


**PRINTING TIP:** The Adobe Acrobat print function must be used to print the complete Audit Trail Report. Click on the **printer icon** in the Adobe Acrobat Reader toolbar.

The accepted claims portion of the audit report contains a list of all claims that were accepted for processing.

Each of these claims is assigned a “control number.” This is a claim number that can be used to track the claim throughout processing.

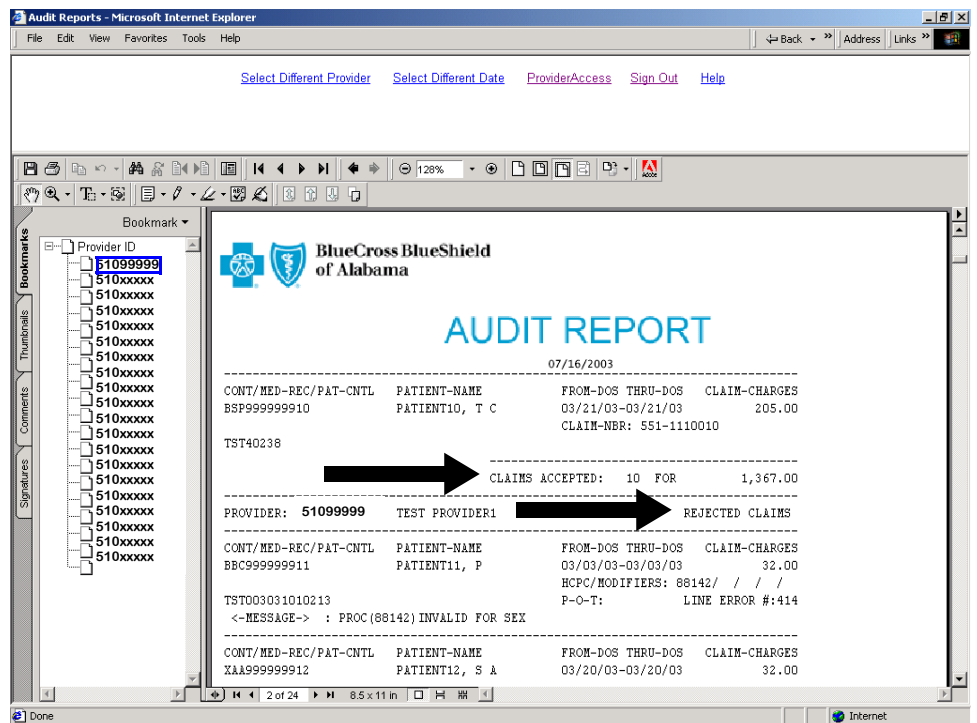
This claim number confirms receipt of your claim, but does not guarantee payment.





The Audit Report will show a total of Claims Accepted including the number of claims accepted for the total dollar amount accepted.

Rejected Claims immediately follows the Accepted Claims totals. This section contains a list of all claims that were rejected. Each of these claims will have an associated error number and message explaining why it was rejected.



**NOTE:** Remember that errored claims have not been accepted by Blue Cross, and we keep no further record of them. These claims should be corrected and resubmitted as new claims.



## Other Functions

### EDIT A CLAIM (PRIOR TO SUBMISSION)

**NOTE:** Claims can also be viewed **AFTER submission**, but cannot be edited. If changes are necessary, a corrected claim must be resubmitted on paper.

1. Access the Claims Submission Maintenance (Claims List) Screen and select the claim you would like to edit.

BlueCross BlueShield of Alabama

Claims Submission Maintenance

[Batch List](#)

Batch Type: Professional Created By: Jane's Daily Batch

Provider Key: 51012345

Provider Name: John J Smith MD

[Add New Claim](#)

Contract Number	Date of Service	Patient Acct No.	Patient Name	Claim Amount
XAA123456789	2003-09-02	987654321	BROWN JOHN	168.00

Click on the Delete button to delete the batch that contains all the above listed claims.

[Delete Batch](#)

Click the submit button to send the batch for processing by BCBSAL.

[Submit Batch](#)

[Provider/Billing ID](#) [Provider Access](#) [Home](#) [Sign-out](#)

For questions or problems with these web pages.

2. Locate data to be changed. If data is not on first page, you may click “Continue” to advance to the next page, **OR** click on the red link to advance directly to the desired page.

BlueCross BlueShield of Alabama

Primary Insurance Information

[Batch List](#) [Claims List](#)

Provider : 51012345 Patient : John A Brown

Contract Number : XAA123456789 Service Date : 09/02/2003

[Primary Insurance Info](#) [Secondary Insurance Info](#) [Patient Info](#) [Service Info](#) [Line Item Info](#)

[Continue](#) [Reset Form](#)

Dates must be in mmddyyyy format.

4. Insured's Name

Last: BROWN First: JOHN Middle: A

7. Insured's Address

Street: 100 MAIN STREET City: BIRMINGHAM

State: ALABAMA Zip: 35244

3. After making the changes, you must select “Continue” in order to save them prior to leaving the screen.

BlueCross BlueShield of Alabama

Patient Information

[Batch List](#) [Claims List](#)

Provider : 51012345 Patient : John A Brown

Contract Number : XAA123456789 Service Date : 09/02/2003

[Primary Insurance Info](#) [Secondary Insurance Info](#) [Patient Info](#) [Service Info](#) [Line Item Info](#)

[Continue](#) [Reset Form](#)

Dates must be in mmddyyyy format.

2. Patient's Last Name	Patient's First Name	Patient's Middle Initial
BROWN	JOHN	A
5. Patient's Street Address	Patient's City	Patient's State
100 MAIN STREET	BIRMINGHAM	ALABAMA
Patient's Zip	Patient ID Code	Patient's Sex
35244	XAA123456789	MALE
3. Patient's Date of Birth	26. Patient's Account Number	

- Once you have completed all of the changes, go to the Procedure Information (Line Item Information) Screen and select “**Finish Claim.**” You will be forwarded to the Claims Submission Maintenance (Claims List) Screen.

*See Claims Submission on Page 11 for following steps.*

**BlueCross BlueShield of Alabama**

**Line Item Information**

[Batch List](#) [Claims List](#)

Provider : 51012345 Patient : John A Brown  
 Contract Number : XAA123456789 Service Date : 09/02/2003

[Primary Insurance Info](#) [Secondary Insurance Info](#) [Patient Info](#) [Service Info](#) [Line Item Info](#)

Diagnosis Code1: 382.9 Diagnosis Code2: 461.0  
 Diagnosis Code5: Diagnosis Code6: Diagnosis Code7: Diagnosis Code8:

**Finish Claim** **Reset Form**

Dates must be in mmddyyyy format.  
 To ensure correct processing, all line item charges require a decimal point. For example, 5.00 (five dollars) 50.00 (fifty dollars) or 500.00 (five hundred dollars).

24 A	B	C	D	E	F	G	J
Dates of	Facility		Procedures, Services or Supplies				

## DELETE AN EXISTING BATCH

Access the Batch Submission Maintenance (Batch List) Screen (1) and click the batch you would like to delete. This will take you to the Claims Submission Maintenance Screen (2) for your selected batch. Click the “**Delete Batch**” button.

**IMPORTANT NOTE BEFORE DELETING:** If the batch you wish to delete has a **PENDING** submission status, the batch will be deleted and Blue Cross will have no further record of the claims. Verify you have selected the correct batch prior to deleting, as deleted batches **CANNOT** be retrieved.

If the batch you wish to delete has a **SUBMITTED** submission status, Blue Cross does keep record of the batch because the claims have already been received for processing. Submitted batches are kept available on this page for your informational use and can be deleted at any time.

**TIP:** Many providers will delete **SUBMITTED** batches after claims have been verified on the audit trail and/or remittance.

1



2

**BlueCross BlueShield of Alabama**

**Batch Submission Maintenance**

Professional Dental Home Health  
 Provider Key: 51012345  
 Provider Name: John J Smith MD

**Add New Batch**

Date Created	Batch Type	Created By	Claim Count	Total Amount Submitted	Submission Status
01/03/2003	Professional	EthanTest	2	1,138.35	Submitted
01/03/2003	Dental	EthanTest	1	564.23	Submitted
01/07/2003	Home Health	Test	3	234.56	Pending
01/08/2003	Professional	Scott's Test	2	261.45	Pending
01/08/2003	Professional	DM Test	2	1,400.00	Pending
01/17/2003	Professional	01172002	1	10.00	Submitted
03/26/2003	Dental	dental batch test	5	0.00	Pending
07/02/2003	Professional	HIPAA TEST FILE	7	920.81	Submitted
07/02/2003	Home Health	HIPAA TEST FILE	3	520.00	Submitted
07/29/2003	Professional	Test	1	0.00	Pending
08/04/2003	Professional	tester	12	0.00	Pending

**Claims Submission Maintenance**

[Batch List](#) Created By: Jane's Daily Batch

Batch Type: Professional  
 Provider Key: 51012345  
 Provider Name: John J Smith MD

**Add New Claim**

Contract Number	Date of Service	Patient Acct No.	Patient Name	Claim Amount
XAA123456789	2003-09-02	997654321	BROWN JOHN	0.00

Click on the Delete button to delete the batch that contains all the above listed claims.

**Delete Batch**

Click the submit button to send the batch for processing by BCBSAL.  
 At least one of the claims in this batch has a total charge of zero or some invalid values. Please verify claims.

**Submit Batch**

[Provider/Billing ID](#) [Provider Access](#) [Home](#) [Sign-out](#)

## PRINT A BATCH LIST

Access the Batch Submission Maintenance (Batch List) Screen and click on your browser's print button.

## PRINT A CLAIM LIST

Access the Claim Submission Maintenance (Claims List) Screen and click on your browser's print button.